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Application Number Filing Date **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 Wëndt, M. E. et al. (For use with Form PTO/SB/06) * May be used for additional claims or amendments CLAIMS AFTER FIRST AS FILED AFTER SECOND **AMENDMENT AMENDMENT** Indep Indep Depend Indep Depend Indep Depend Indep Depend Depend Depend Indep Cancel Cancel Cancel Cancel Cancel Cancel Canc & 1 Cancel Cance Cance Cance Cancel Cancel Ind. Ind Total Total Indep Indep Total Total Depend Depend Total Claims

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